

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101560579

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	1		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	1		/			
10	1		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		2			
18	0		/			
19	0		/			
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TOTAL IND.			6			
TOTAL DEP.			26			
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						